



CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT

190 E. Michigan Avenue
Battle Creek, Michigan 49014
www.calhouncountymi.gov/publichealth

Phone: 269-969-6370
Fax: 269-969-6470

"Working to enhance our community's total well-being"

1st Dose OR 2nd Dose (staff use, circle one)

First Name										Middle Initial		Last Name									

Address																					

City																		State, Zip Code			

Phone Number									

What race do you identify as:

Caucasian/White

Black/African American

Asian

Unknown

Other: _____

Ethnicity:

Non-Hispanic/Latino

Hispanic/Latino

AGE BIRTHDATE / /

Month Day Year

MALE FEMALE

If female, pregnant? Y N

PLEASE CIRCLE YES OR NO:

- | | | |
|---|-----|----|
| 1. Are you allergic to any medications? | YES | NO |
| 2. Are you sick or have you recently had COVID disease? | YES | NO |
| 3. Have you ever had a severe reaction to a vaccine or injected medication? | YES | NO |
| 4. Have you had any vaccinations in the last 14 days? | YES | NO |

Vaccine Fact Sheet for Recipients & Caregivers given to vaccine recipient(s)

Verbal consent given for vaccination by vaccine recipient/*parent/legal guardian

*If under the age of 18, name and phone number of parent/legal guardian: _____

_____ Staff person completing registration/consent
Initials

Clinic location:	Date:
Site of Injection RA RL LA LL	COVID-19 Sticker
Immunizer (int.) _____	

Entered in MCIR _____
Staff Initials